

976

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 162	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Registrar's No. 260	
City of _____	(No. _____ St. _____ Ward _____)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Alberto Flores</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	<u>Twins</u> , Triplet or other _____	and	Number in order of birth <u>3</u>
		Legitimate? <u>yes</u>	Date of Birth <u>April 24</u> - 191 <u>9</u>
			Month Day Yr.
FATHER		MOTHER	
Full Name <u>Amelio Flores</u>	Full Maiden Name <u>Rosa Johnson</u>		
Residence <u>Miami, Ariz.</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>Mex</u>	Color or Race <u>Mex</u>		
Age at last Birthday <u>27</u> Years	Age at last Birthday <u>22</u> Years		
Birthplace <u>Pomita - Mex</u>	Birthplace <u>Jalisco - N. Mex</u>		
Occupation <u>Carpenter</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>April 24</u> , 191 <u>9</u> , at <u>5:00 P.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>Cyril M. Crow M.D.</u>	
		Attending physician, midwife, householder.	
Given or Christian name added from a _____		Address <u>Miami, Arizona</u>	
supplemental report _____ 191 <u>9</u>		LOCAL REGISTRAR.	
162-424-915		A True Copy	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	